No. 1. zi.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE

County mungo Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St:Ward) [It death occurred in a hospital or institution, give its NAME instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EX 4 COLOR DR RACE 5 SINGLE, MARRIED, MINOWED, OROIVORGED OROIVORGED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	
Clus 21 ,876	, 191, to, 191
(Month) (Day) (Year)	that I last saw halive on
It LESS than	and that death occurred on the date stated above, at
yrsmosds. ORmin.?	The CAUSE OF DEATH* was as follows:
OCCUPATION	The 110 resident J. recently, Ha
Trade, profession, or	Myn to Countrion MX to Hoop
articular kind of work	for a few days and returned and
siness, or establishment in	(Duration) yrs. mos.
olch employed (or employer)	Contributory suburout Des, if come
State or country)	(Secondary)
10 NAME OF 2 . 2 4	(Ouration) wyrs mos.
FATHER Ofm Dellenger	(Signed) Settler Certain Comments
11 BIRTHPLACE OF FATHER ST.	Cliff 129V (Address) Fautorille no
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
1 Port Officer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos
THE ABOVE LETRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Mutatoro-	It not at place of death?
(Informant)	usual residence.
(Address) Truloville Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
- Al see	Jefreska vose and 12181
sile les 73916 Aleen Nortes	20 UNDERTAKER ADDRESS ADDRESS
REGISTRAR	1 11 - 1 m - el a le la rele la relle te

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart fallure," "Hacmorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT RECOND WRITE PLAINLY, WITH UNFADING INK-THIS IS

County lanet Com	13709
County land town	ety,
Village or City Village of	mol (No.
FULL NAME arga	net M



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 166

1	/illage or City Margaret Marie	St; Ward) [It death occurred to a hospital or institution, give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35		16 DATE OF DEATH CLES (Month) (Day) (Year)
6 0	OATE OF BIRTH august 4th, 1914 (Month) (Day) (Year)	fully 3/ 1915, to alley 4, 1915, that I last asw h alle on alley 4, 1915
7 A	GE If LESS than 1 day, hrs.	and that death occurred on the date stated shove, at
(a pa (b)	CCUPATION) Trade, profession, or Baby Irticular kind of work General nature of industry, siness, or establishment in	(Doration) yrs. o mos. X ds.
9 B	IRTHPLACE tate or country and Maria	Contributory Prince Contributory (Secondary) Care, Cis (Deration) yrs mos cs.
RENTS	11 BIRTHPLACE (State or county) Lessmont Wa 12 MAIDEN NAME	(Signed)
PA	13 BIRTHPLACE OF MOTHER PARLAND WAS	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the , of death
	THE ABOVE IS TRUE O THE DEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual fesidence
1 6 FII	ed Ang 6 th., 1915 Makohita.	19 PLACE OF BURIAL OR REMOVAL Oahland Md Lug, 191.2
	J. K. REGISTRAR	D. 6 Bolden Callan f War

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUSY and qualify as mia," "Puerferal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the iuus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage. as "Pumperal septichae. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlie," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maileoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-



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PLACE OF DEATH 13710	STATE OF MARYLAND
County Darrett	CERTIFICATE OF DEATH
0:00	Registered No. / 66
Village or City Wakland (No.	St; Ward) [It death occurred in a hospital or institution,
	give its NAME instead of street and number.]
FULL NAME James Knoy	COCC
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hote 6 SINGLE, MARRIED, Marnel Male White (Write the word)	(Month) (Day) (Year) I HERELY CERTIFY, That I attended deceased from
6 DATE OF BIRTH OCC. (Month) (Day) (Year)	that I last saw have alive on 191
7 AGE 11 LESS than 1 day, hrs. 9 2 ds. 0R min. ?	and that death occurred on the days stated above, st 3 9 m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	Lieux Myserles
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Dnration) Syrs mos. ds.
State or country) Hast burginas	(Secondary) (Secondary)
10 NAME OF Shadrek Cole	(Signed) 7. I. Barriese , M. O.
(State or country) Nest burginia	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
(State or country) The Above is true to the Best of My Knowledge	of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place et death?
(Address) Dakland Mil	Former or usual residence
Flied Aug 2nd 1815 Mark S. White	Parties and Cing 3, 1811-
P.X. REGISTRAR	W. C. Ajiggea Clearer Wba
If more blanks are needed, address State Registrate	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers who receive a definite salary), may be entered as statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing neath, state occupation at beginning of lifbeen changed or given up on account of the disease of persons engaged in domestic service for wages, should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: sddltlonai line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and chlidren, not tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinological control of the same death.

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerreral scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maileoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



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PLACE OF DEATH	STATE OF MARYLAND
County Somes Co	CERTIFICATE OF DEATH Registered No. /66
Village or City Motorco Como (No.	St; Ward) [If death occurre a hospitat or lostitu give its NAME ins
*FULL NAME Beatre Elleu	Ceep bell of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feural White the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 / I HEREBY CERTIFY, That I attended deceased fr
G DATE OF BIRTH Movements 29 (Month) (Day) (Year)	that I last saw h 2 allye on Cues 1
7 AGE II LESS than 1 day,	and that death occurred on the date stated above, at 4000 The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	Subsaces menegetis
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Surfaces number & Such stone
9 BIRTHPLACE (State or country) : M	(Secondary) (Deration) (Deration) (Deration) (Deration) (Deration)
10 NAME OF Uplow Cuppett	(Signed) M. C. Heineland
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME CO.	*State the Disease Causing Death, or, in deaths from Violent Causias, state (1) Means of Injury; and (2) whether Accident
a OF MOTHER Many Most Welst	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIES
13 BIRTHPLACE OF MOTHER (State or country)	At place lo the of death yrs. mos. ds. State yrs, mos.
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Address) Care see ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Muy mil., 1915 M Swhite	Hatwood Mad Aug 3, 1918 20 UNDERTAKER ADBRESS
blanks are needed, address State Registra	ar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, lirespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of lilbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second It should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. chlidblrth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genltai," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. cer" is iess definite; avoid use of "Tumor" for malkture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inaultion," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of _ Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As (secondary or intercurrent) (name origin; "Can State cause for Never report



BINDING RESERVED MARGIN

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PHYSICIANS should of OCCUPATION IS statement PERMANENT EXACTLY. Exact stated classified. pinoda -THIS roperly AGE supplied. UNFADING may certificate. that 6 WITH back terms, 50 plain Instructions 5 DEATH ō OF Every Item CAUSE OF Important. m

state

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

which employed (or employer) -----

S SINGLE,

WIDOWED,
OROIVORCED
Write the word)

County.....

Village or City.....

3 SEX

7 AGE

PARENT

16

6 DATE OF BIRTH

BOCCUPATION

(a) Trade, protession, or

particular kind of work. (b) General nature of Industry,

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

(Address'

an

OF FATHER (State or country)

business, or establishment in

* FULL NAME

(Year

If LESS t

f day,.....

OR....min

STATE OF MARYLAND CERTIFICATE OF DEATH.

a St;	Ward) a hos give	if death occurred spital or institution its NAME losten reet and number.]
MEDICAL CERTIFIC	ATE OF DEATH	
16 DATE OF DEATH Qua	24	, 1914
M	onth) (Day	(Year)
1 HEREBY CERTIFY	That I attended	deceased from
, 191 , to		
hat I last saw hallve on		191
and that death occurred on the date		
The CAUSE OF DEATH* was as followed		·····
- Allen and - I was a series		
(Durati	on)yrs	ds
Contributory (Secondary)		••••••••
(Derat	ion)yrs	ds
(Signed) Al Duan	20u	M. D
aug 28th, 1915 (Address) 77	rendon	the med
*State the DISEASE CAUSING DEAT CAUSES, state (1) MEANS OF INJUE TAL, SUICIDAL, OF HOMICIDAL.	ex; and (2) whet	her ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOS	PITALS. INSTITUTION	IS, TRANSIENTS
Where was disease contracted, It not at place of death?		
Former or usual residence	. T a + 7-4 + 1-4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	#0-000 00000000000000000000000000000000
19 PLACE OF BURIAL OR REMOVAL	no	BURIAL
20 UNDERTAKER		191
UNDERTAKER	ADDRESS	3

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations galufully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative Lealthful-Statement of occupation-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-"Foreman,"

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

		*
PLACE OF DEATH 13713		STATE OF MARYLAND
County Garrell	Tool	CERTIFICATE OF DEATH
4	(4)	Registration Dist. No.

Village or City Trumburlly (No. 2) FULL NAME Clary 3, Free	St.; Ward) [It death occurred in a hospital or Institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH Quegling (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE Month 1839 (Year) 7 AGE 16 LESS than 1 day,hrs. OR	that I last saw here alive on Cuff 14 , 1915, and that death occurred on the date stated above, at 4 , m. The GAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	(Duration) yrs. 2 mos. ds. Contributory Cresypelis (Secondary) (Duration) yrs. 2 mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALA. INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Alace of death? Former or usual residence Manage Alace of death?
(Address) Fuendsville MM 16 Filed Aug 15, 1915 Mm H H fuend Lacae Registrar 15 more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Blooming Rase August 16, 7, 1915 20 UNDERTAKER ADDRESS E, G. Harned Hazellow M. Va

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia," Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-



sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: oma. Surcoma. etc., of .. is less definite; avoid use of "Tumor" for malig Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Examples:



80

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

	ounty Gauch Olillage or Olly Accident (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No General St; Ward) St; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and oomber.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5		16 DATE OF DEATH Que. 9, 1915.
6 [(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from July 1915. that I last saw her allve on Auto 9 4 195
(8		and that death occurred on the date stated above, at
bus	Genaral nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE State or country) January ROUNG	Contributory (Secondary) (Doration) (Doration) (Secondary) (Doration) (Doration) (Secondary) (Doration) (Secondary) (Doration) (Secondary) (Secondary)
ARENTS	10 NAME OF FATHER Sur Dupaell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) , M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Ь	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted,
15	(Address) Conduct Mills (Address) Toler & Richter	finot at place of death? Former or usual residence: 19 PLACE OF BURIAL OR REMOVAL ACCIDENT AUGUST 107, 1915 20 UNDERTAKER ADDRESS
	REGISTRAR	Musin Congel has Tronglant Ild

Thore blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. minc, etc. For many occupations a single word or term on the Statement of occupation-Women at home, who are engaged in the -Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Crcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrerral scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from (secondary or intercurrent) death), 29 ds. State cause for Examples:



	PLACE OF DEATH 13715	STATE OF MARYLAND
C	ounty Barrett 6	CERTIFICATE OF DEATH
		Registered No. 166
V	illage or City Mil Cake (No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead
	*FULL NAME Dusan am	anda Hage of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 31	Exace Lolute Single, Married, Wishers (Write the word)	16 OATE OF DEATH Mug. 10 th, 1915. (Month) (Day) (Yesr) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	lung 4, 1915, to lunger 9 1915
	July - 3- 1839	that I last ssw her alive on Langues 9 1915
7 A	(Month) (Day) (Year)	and that death occurred on the date stated above, at 4 m.
	76 1 day,hrs.	The CAUSE OF DEATH* was as follows:
80		Spracous ecce
(a)	Trade, protession, or ticular kind of work	***************************************
(b)	General nature of industry,	9
whi	ness, or establishment in ch employed (or employer)	(Ouration) yrsds.
9 8	RTH PLACE tate or country) New York	Contributory (Secondary) (Secondary) (Buration) yrs mos ds.
	10 NAME OF FATHER Smith	(Signed) , M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) On not the order	State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME do not know	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) My gon, 2 Gragg	Former or usual residence
	(Address) (A) Colland Holling	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	Aug 10, 1815 Millotite	20 UNDERTAKER AODRESS
	if more blanks are needed, address State Registrar	6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing neath, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter, As examples: (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

childhirth or miscarriage, as "Purreral scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Miways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



S. No. 1.

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	PLACE OF DEATH 13716	STATE OF MARYLAND
C	ounty Sarrett	CERTIFICATE OF DEATH
	4	Registration Dist. No.
٧	illage or City truesville (No	St.; Ward) [If death occurred in a hospital or Institution,
	*FULL NAME priscille &	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	ex 4 COLOR OR RACE 6 SINGLE, MARRIED, MARRIED, MOSCOLO (Write the word)	16 DATE OF DEATH august 3rd , 1915 (Month) (Day) (Year)
6 D	Detaber 1843	Thereasy 2014, 1914, to august 3rd, 1915.
TA	(Month) (Day) (Year)	that I last saw her alive on august dud, 1915
- д	1 day,hrs.	and that death occurred on the date stated above, at 3 a m, The CAUSE OF DEATH* was as follows:
8.0		Pericorditio Chronic
(a	Trade, profession, or House work	
(b)	General nature of Industry,	
Whi	iness, or establishment in ch employed (or employer)	(Ouration) yrs. 6 mos. ds.
9 B	IRTHPLACE tate or country) 4 4 4 2 2 2 2	Gontributory Wurrowa (Secondary)
	10 NAME OF DATE TO	(Beration) 2 yrs 2 mgs ds.
S	FATHER GOVERNAUTURE	(Signed) 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	(State or country) Hobboth Co Mol	State the DISEASE CAUSING DEATH, or in deaths from Vicense
AREN	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
0	13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	(State or country) a Delainere	At place 8 of death 8 yrs. mos. ds. State yrs. mos., ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, at place of death
	(Interment) Thomas Gulta	Former or usual residence usual residence.
	(Address) Friendsville Mol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	A = 3 musts success	Hriends ville Molangust 4, 1915

REGISTRAR

blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Sugue C

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of illduties of the household only (not pald Housekcepers tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from husiness, that fact may be indlbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care who receive a definite safary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "PUERPERAL scptichacmus," "Old Age," "Shock," "Uraemla," "Weakness," genltal," "Senlle," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debiilty" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . The contributory tetanus) may he stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: FOT VIO-



S. No. 1.

PHYSICIANS should state of OCCUPATION is very PERMANENT RECORD stated EXACTLY. UNFADING INK-THIS IS AGE DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of information CAUSE OF important.

1 PLACE OF DEATH

County Savrett

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist	. No. 167
Vii	ilage or City bleen Poule (No,		[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	2FULL NAME WILL WELL	1 incorrection	•••
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 s	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH (Month)	/ 2
D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I	
	(Month) (Day (Year)	that I last saw h en alive on 8	12 -,1915
7 A	it LESS than 1 day,hrs. OR	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, st 9:45Pm,
pa (b) bus	CCUPATION a) Trade, profession, or articular kind of work) General nature of Industry, siness, or establishment in alch employed (or employer)	Cureushyputus my	with
9 B	(State or country) Yunthes. Ind.	Contributory Secondary Quartin (puration)	yrs mos 4 ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) College (Address) Service the Disease Causing Death, or, Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	Ray Mil
	13 BIRTHPLACE OF MOTHER (State or country) W Na.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place In the	
	(Informant)	It not at piace ot death? Former or usual residence	**************************************
15	(Address) blue Paule, Ind	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	In They 22 no 1016 Am. Co. Q. Cishley	20 UNDERTAKER	ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mitt; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. "Exvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can-"Contributory." by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for



MARGIN RESERVED FOR BINDING

RECORD PERMANENT classifled. properly тау DEATH is plain See instructions

CAUSE OF Important. S

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CCUPATION IS

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:...Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED. (Mont ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH , 191 to that I last saw h..... allve on (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, /T. hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) (Address) ARENTS State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mes. ds. State yrs. mos. Where was disease contracted. If not at place of death? usual residence. OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If there blanks are needed, address State Regis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has minc, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: But in many For persons 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasended); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Turrperal scpttchae etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." 'l'racmia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. Exture of the American Medicai Association.) "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. -Kart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Bronchopncumonia (secondary). 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion, _ (name origin; "Candeath), 29 ds.: or as probably Never report Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A RERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very BINDING FOR RESERVED MARGIN No. 1. vi

PLACE OF DEATH

County Farett	CERTIFICATE OF DEATH
Village or City Inagerill (No. 1) 2FULL NAME Wiliam Ha	Registration Dist. No. [If death occurred in a hospital or institution give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOROR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word) 8 DATE OF BIRTH May 7 14/4	16 DATE OF DEATH WE COMMENT (Month) (Day) (Year) 18 LHEREBY CERTIFY, That I attended deceased from 1915, to Cuy, 1915.
Month) (Day) (Year) 7 AGE yrs. 2 mos. 2 ds. OR min.?	and that death occurred on the date states above, at m. The CAUSE OF SEATH* was as follows: The CAUSE OF SEATH* was as follows:
(a) Trade, profession, or perticular kind of work	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	(Signed) (Buretion) (Signed) (Signed) (Signed) (Signed) (Address) (Signed)
of Mother Wile Hays 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MUNICIPAL CE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At piece in the ot death yrs, mos, ds. State yrs, mos, ds Where wes disease contracted, if not et piece of death? Former or usual residence.
(Address) Chaptes MG 15 Filed Curg 2 .1913 Chaptes REGISTRAN M more blanks are needed, address State Regis trar, 6	19 prace of Burial or REMOVAL DATE OF BURIAL DIOLITY CALL 20 UNDERTAKER ADDRESS Chaffee

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) Foreman, (b) Automobile factory. The As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrement scottchaeetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrbage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convuisions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, __ (name origin; "Can-State cause for Examples: For vio-

If this certificate is looked over thoroughly and all greetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1915
BUREAU, V.S.

BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 13718 County Garrett	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / 6 6
Village or City Wehlend (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, Single WIDOWED, OR OLVORCED (Write the word)	16 DATE OF DEATH (Modth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw harmalive on
If LESS than 1 day,hrs. yrsds. ormin.?	and that death occurred on the date stated above, at 5:050 m. The CAUSE OF DEATH * was as follows:
CCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry, business, or establishmant in	Matin Judice
which employed (or employer) BIRTHPLACE (State or country) Marriage	Contributory Chaoster Com Walding (Secondary)
10 NAME OF FATHER Thansan & Hazer	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
(Informant) fulia Hayea	Where was diseasa contractad, If not at place of death? Former or usual residence
(Address) 290/ St. Paul St. Ballo. Filed Lug V9 1815 MSWhite	19 PLACE OF BURIAL OR REMOVAL Baltimore, MA 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter, As examples: 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carein-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal scottchacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trains-acciwhich surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory "Old Age." "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

Ilt death occurred in

	FULL NAME Jul Iran	a hospital or institution, give its KAME lostead of street and oumbar.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Les l	16 DATE OF DEATH AND AS 191/3 (Morth) (Day (Year)
6 D	Month) (Day (Year)	that I last saw hard alive on 12 2 3 1912
7 A		and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
pa (b)	CCUPATION) Trade, protession, or ricular kind of work	(Aurolian) was not
Wh	IRTHPLACE (State or country) 10 NAME OF The last of t	Gontributory Secondary Quartien yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Honicidal,
PA	13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the 175. mos. ds. State 775, mos. ds
	(Interment)	Where was disease contracted, If not at place of death? Former or usual residence
15 Fil		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Carland, Md, ding 23, 1915, 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regis	trar, 6 E. Frankiin St., Baito., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

nuine, etc. - Women at home, who are engaged in the duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ...Ex-ample: Measles (disease causing death), 29, ds,. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

Count	Garrel County (69)	STATE OF MARYLAND CERTIFICATE OF DEAT Registration Dist. No.	H 66
Villag	e or City Ook Rand (No, No, N	A.; ward) a hospital give its I	h occurred in or institution, NAME instead and number.]
e ba	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	vale white 5 SINGLE, MARRIED, WIDOWEO OR DIVORCED (Write, the word)	16 DATE OF OEATH 2 2 (Month) (Day) 17 I HEREBY CERTIFY, That I attended deco	(Year)
8 DA	TE OF BIRTH Dic 17 (Month) (Day) (Year)	that I last saw h 27 alive on Gary 22	2 ,191 J,
7 AGI		and that death occurred on the date stated above, The CAUSE OF DEATH * was as follows:	at/IIam.
par (b) bus whi	Trade, profession, or licular kind of work General nature of industry iness, or establishment in chemployed (or employer) RTHPLACE (State or country) GRAFICE (State or country)	(Duration) yrs. Contributory Secondary	
S	10 NAME OF FATHER Lace	(Signed) 77. 19. 19. (Address) On A. Cara	mos. ds. M. 0.
PARENTS	OF FATHER (State or country) Cohland Nd 12 MAIOEN NAME OF MOTHER Virginia Lee	State the DISEASE CAUSING DEATH! OF incidenths fro CAUSES, state (1) MEANS OF INJURY; and (2) whether A SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS	
	13 BIRTHPLACE OF MOTHER (State or country) Ballinore DA	OR RECENT RESIDENTS) At place In the of deathyrs	finos. ds.
	(Informant)	If not all place of death?	
15	(Address) Qoh Rang Md	19 PLACE OF BURIAL OR REMOVAL DATE OF B Lagran 20 UNDERTAKER ADDRESS	SURIAL
FII	1915 May 23 11 1915 May State Registrar		Parof Mil
	more blanks are needed, address State Registrar,	TO 11 0 political political windows and annual and annual	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housewrite None Höusemaid, etc. the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day labarer, Furm luborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cran, Compositor, Architect, Locamolive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Caal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in (b) Auto-('wil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feeer (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feeer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory.". (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths mus," head-homicide; Poisoned Struck by railway train-accident; Revolver wound as to determine definitely. Examples: Accidental drawning. "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "Puerperal septicharmia," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atropuy, lapse," "Coma," "Convulsions," "Debility" cause. etc., when a definite disease can be ascertained as the "Heart failure," "Hyemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), to ds. Never report merc Example: Meosles (disease causing death), 29 ds.; Broncough; Chranic valvular heart discose; Chronic interstitial rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracnia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercurby carbolic acid-probably "Dropsy," "Atrophy," "Exhaustion," ("Con-



V. S. No. 1.

Cour	nty Sarret	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villa	age or City Witemelle (No. 2 FULL NAME Vornie Jay to	St; Ward) [If death occurred a hospital or institution give its NAME instead of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	emale While Single, MARRIED, WIDOWEO OR DIVORCED Married	16 DATE OF OEATH August 10, 191 (Month) (Day) (Yes
6 01	ATE OF BIRTH August 27, 1873 (Month) (Day) (Year)	that I last saw here alive on and 10, 191
7 AC		and that death occurred on the date stated above, at 4.18 The CAUSE OF DEATH * was as follows:
	a) Trade, profession, or trusewife	Neute Infections Cholicy stites
bu wi	b) General nature of lodustry Islness, or establishment in hich employed (or employer)	(Duration) yrs mos 30
bu wi	isiness, or establishment in	Contributory Secondary (Duration) yrs. mas.
S L N I	Islness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) Virginia	Contributory To your Secondary (Signed) (Duration) yrs mes (Signed) Judesu William Out. //, 191.5 (Address) Stitemilla Yus
PARENTS 8 6	Islness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Second Bellor 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER Softia Bohser 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 MOTHER Softia Bohser 16 MOTHER Softia Bohser 17 MOTHER (State or country)	(Signed) (Signe
PARENTS 8 6	Isliness, or establishment in hich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Sellor 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER Softha Buhrer 13 BIRTHPLACE OF MOTHER	(Signed) Secondary (Duration) YES. (Signed) State the DISEASE CAUSINO DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT OF RECENT RESIDENTS) At place in the

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Ferm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locor, engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, without more

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deathis "PUENPERAL peritonitis," etc. State cause for which birth or miscarriage as cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopncumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"PUENPERAL septichaemia," Never report mere (Recommendations "Exhaustion," wound of



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 13722	STATE OF MARYLAND
County Ganett "	CERTIFICATE OF DEATH
	Registered No. / 63
Village or City Menty of Brown Kin	St; Ward) [If death occorred in
Wall of the state	give its NAME iostead
* FULL NAME mobile f.	Michaels ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OF RACE SINGLE, Marriel	16 DATE OF DEATH QUY. 19th
Wale While (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decessed from
Heby 26th 1830	191 to mg 6 , 1917)
7'AGE (Month) (Day) (Year)	that I last saw harm slive on thing 6 1918
C - 1 day hre	and that death occurred on the date stated above, at
8 OCCUPATION Mos. 28 ds. OR min.?	Short Tollowing hopen
(a) Trade, profession, or frame, Peting	Trip rue to fall on floor
(b) General nature of Industry,	. (3117)
business, or establishment in which employed (or employer)	(Ouration) yrs mos 3 ds.
(State or country) allegand Md	(Secondary)
10 NAME OF CLASSIC MARCH OF COLOR	(Signed) yrs mos ds.
Winge Michaels	49' , Dana
11 BIRTHPLACE OFFATHER (State or country) ellegang Mol. 12-MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
12-MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Carlot Me 131 440 Color	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country), Allectory Mc	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) Mrs H. C. Mrchaelo	Former or
(Address Western Dort Md	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16	Michaels Courtery Cly 22, 1815
Filed Duy 16, 1815 GROL Mackaels D. REGISTRAR	W.H. Apedlo & Preduont No.
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at heginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second retatement. Never return "Laborer," "Foreman," first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

"Mennent legel Lee."

scpsis, tetanus) may be stated under the head of childbirth or miscarriage, as "PUEEPERAL septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver seound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Dehillty" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory Always qualify all 'diseases resulting from (secondary or intercurrent) (name origin; "Can State cause for Examples:



ry te	PLACE OF DEATH 13/23	STATE OF MARYLAND
state very	Variett	CERTIFICATE OF DEATH
3 2	Gounty	Registered No. 167
shou TION		[If death occurred le
DIPA	Village or City (No,	St; Ward) a hospital or institution
ECORD IYSICIANS	01	give its NAME lostead of street and number.}
TYS	FULL NAME PRINCECCO (V	We Draffel
T T	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TLY	3 SEX Afferna COLOR OR, RACE SINGLE, Married	16 DATE OF DEATH august 5
AN	WIDOWED, PROIVORCED	(Menth) (Day) (Year)
RM E	(Write the word)	17 I HEREBY CERTIFY, That I attended decessed from
PEI	8 DATE OF BIRTH	Much 1915, to august 5, 1915
A st	(Month) (Day) (Year)	that I last saw her alive on august 5 , 1915
Sille	7 AGE II LESS than	and that death occurred on the date stated above, at \$300m.
Soule	5-7 10 1 day,hrs.	The CAUSE OF DEATH * was as follows:
- 2	BOCCUPATION ds. OR min.?	Cyst of Caucress
K-TH AGE s	(a) Trade, profession, or	1 0
NI	particular kind of work (b) General nature of industry.	***************************************
o ple	business, or establishment in	(Duration) Yrs mos ds.
Supp may re.	which employed (or employer)	Contributory. Laure
FAILY Heat	(State or country)	(Secondary)
UNFADI arefully su that it m	10 NAME OF	(Duration) yrs mes ds.
T 80 00	FATHER Leonge Koth	(Signed). White and a section M. D.
LT. po	11 BIRTHPLACE	duy 6, 1915 (Address) Colon 1779
W ould	State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
EY.	S 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	ATAL, SUICIDAL, OF HOMICIDAL.
LAIN nation in pla uction	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
PL In	OF MOTHER (State or country)	At place to the of death yrs, mos ds. State yrs, mos ds.
of Infor	14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
	Denne Dhalles	If not at place of death?
- L	(Informant)	usual residence.
SE rtan	(Address) (akland M) #2	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every Item CAUSE OI Important.	16	Par House Agust 8, 1910
102	Filed Age 191	20 UNDERTAKER ADDRESS
Z Z	A SPA, REGISTRAR	D.C. Botellow Unpland
	mere blanks are needed, address State Registra	r. 6 E. Franklin St., Balto, Requesting V S No. 1

MARGIN RESERVED FOR BINDING

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc... Carcin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUEBPERAL septichacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of __ ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can State cause for Examples:



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PERMANENT

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UNFADING

WITH

WRITE

1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) stated 6 DATE OF BIRTH ciassified. (Month) (Day) (Year) be TAGE It LESS than should 1 day, hrs. min. ? properiy AGE BOCCUPATION (a) Trade, protession, or particular kind of work carefully supplied. (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) # that 10 NAME OF FATHER Jo be S back 11 BIRTHPLACE terms PARENT OF FATHER (State or country) should no 12 MAIDEN NAME piain OF MOTHER See instructions information -13 BIRTHPLACE OF MOTHER (State or country of inforr TRUE TO THE CAUSE OF I (Informant (Address' 15 m REGISTRAR z

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:.Ward)

[If death occurred in hacrital or inctitution

	Saulses give its NAME instead of street and number.		
1	MEDICAL CERTIFICATE OF DEATH		
	16 DATE OF DEATH Sugar (Month) (Day) (Year)		
	17 I HEREBY CERTIFY, That I attended deceased from aug 4 2 1915, to aug 5 2		
	that I last saw him alive on ang 5 2 , 1915		
	and that death occurred on the date stated above, at R m, The CAUSE OF DEATH* was as follows:		
	Himorkage of bowles		
	(Ouration) yrs. mos. ds.		
	Contributory (Secondary)		
	(Signed) (Duration) yrs mos ds.		
	ang & The 1915 (Address) & reads wille Trel.		
1	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place		
	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?		
1	Former or usual residence		
-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1815		
	20 UNDERTAKER Savage Firenclsville		

more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. & No. 1.

No. 30



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

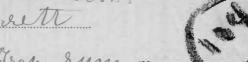
cause of death approved by Committee on Nomencla "Contributory." such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scottehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephrilis oma. Sarcoma. etc., of ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemia," "Weakness," ... (name origin; "Candeath), 29 ds.; Examples:



No. 1. υż

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B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS See instructions on back of certificate. Important. PLACE OF DEATH 13724





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME Aloya Covered	/W/MDCC
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE SINGLE, MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I strended deceased from
800	TE OF BIRTH	The state of the s
	(Month) (Day) (Year)	that I last saw h alive on
TAG	E If LESS than	and that death occurred on the date stated above, at
	1 day,hrs.	The CAUSE OF DEATH * was ss follows:
	yrs. 2 mos, & ds. OR min.?	no Rhysician in altendances -
800	CUPATION	my my and a analy
	Trade, profession, or	Total -
	General nature of Industry,	Chalera lufaulun
	ness, or establishment in	
whic	h employed (or employer)	
9 811	RTHPLACE ate or country)	(Secondary)
101	Jarsett. Co. Mcl	(Duration) yrs mos ds.
-	10 NAME OF	Man do 1 a d 1
	FATHER PILOS MAN DOD	(Signed) If I trunk Local 140, M. D.
S	11 BIRTHPLACE	aug 27, 1915 (Address) frindsville my
L	OF FATHER (State or country)	
ш		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
ARE	12 MAIDEN NAME OF MOTHER P. A. T. O. IA SE	TAL, SUICIDAL, OF HOMICIDAL.
0	Bertha B Teals	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE	At place in the
	OF MOTHER (State or country)	of death yrs mos ds. State yrs, mos ds
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
	PATIE Ashalds	Former of A
(Intermant,	usual residence Is suil Residence
	Friend ville Mole	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Attacking the Control of t	47 1. MO . La . 1. 1. 0 2
15	De mustelle	20 UNDERTAKER ADDRESS
File	od Ldug 27, 1910 / My J V June	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Local REGISTRAR	Devage Friendsville
	If more bianks are needed, address State Regis trar, 6	E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—It respect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage. as "Purrent scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasample: Mcastes (disease causing death), 29 de: cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. mia," "Puerpebal peritonitis," etc. State cause for "Collapse." "Coma," "Convulzions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," (Recommendations on statement of 'Traemia," "Weakness," (name origin; "Can-Examples:



V. S. No. 1.

Count	PLACE OF DEATH Ty Manual Control of the property of the prope	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
7 AGE	(Month) (Day) (Year) (Month) (Day) (Year) (Year) (Year) (Year) (If LESS than 1 day, hrs. or min.?	that I last saw h and alive on the date stated above, at m. The CAUSE OF DEATH * was as follows:
(a) part (b) bus white	Trade, profession, or iterial residual	(Durstion) Jyrs. — mos. — ds. Contributory Secondary
PARENTS	11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER	(Signed) "State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. Stats, yrs. mos. ds.
	(Informant) Atlant Estate (Address) Atlant Estate (Address) Atlant Estate (Address) Atlant (Addres	of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL LON Aurly Place Yand 20 UNOERTAKER A ODRESS A ODRESS
	II more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons wife, Housework, or Al Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer or given up on account of the DISEASE CAUSING DEATH, Housemail, etc. If the occupation has been changed employed, as At school or At home. Care should be mobile factory. mill; (a) Solesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Plonler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—it is primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

birth or miscarriage as "Publiperal septicharmia," "Publiperal peritonitis," etc. State cause for which on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., scpsis, telonus) may be stated mns," on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deatus cause. Always qualify all discases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.). "Annemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... chopneumonia Example: Measles (disease eausing death), 29 ds.; nephrilis, etc. "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shoek," "Uracmia," "Wigkness, (secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," Never report mere (Recommendations "Exhanstion," W hooping



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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Housewife, Housework, or At Home, and children, not should be taken to report specifically the occupations gainfully employed, as At school or At home. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foremau,"

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such, if impossible to determine definitely. Examples: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and cousequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a defiuite disease can be ascertained as the geuital." "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inauitiou," "Marasmerc symptoms or The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness." tetanus) may be stated under the head Always qualify all diseases resulting from Mcasles (disease causing death). "Seuile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-State cause for "Exhaustion,"



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... [If death occurred in ..Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, ALA WIDOWED. (Month) ORDIVERCED
(Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day.hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment In (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER ., 191 (Address) 11 BIRTHPLACE PARENT OFFATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE FOR HOSPITALS. INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At piace In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs. mos. Where was disease contracted. 14THE ABOVE IS If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERT ADDRESS REGISTRAR blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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